

HCM/RCM screening within health programme
Participating clubs: see http://www.pawpeds.com/healthprogrammes/hcmclubs.html
Visit http://www.pawpeds.com/healthprogrammes/ for more information

Address Addr	Patient Information	Owner's name
Radinusgatan 39 A		Roseanne och Daniella Forslund
Registration number (SE) RX 294781 852 32 Sundsvall		
SEP RX 294781 Se2 32 Sundsvall	-	
Description Country		
112098100017545 Sverige Server Sibirisk katt Prepared of cat Prepared Cat Prepared Cat Prepared Cat Prepared Cat Prepared Pr	, ,	
Sibrisk katt		Sverige
Mail		<u> </u>
Female	Sibirisk katt	+46 70 2292075
Lave read PawPeds' instructions for HDM sceening and we aware that intermediate about my cast sheath ablate and if it is on made aware that intermediate about my cast sheath ablate and if it is on made aware that the results will be reflaced for the records of PawPeds I authorize PawPeds to public violate about my cast sheath ablate and if it is on made aware that the results will be reflaced for the records of PawPeds I authorize PawPeds to public violate about my cast and if it is on made aware that the results will be reflaced for the records of PawPeds I authorize PawPeds to public violate about my cast and the results will be reflaced for the records of PawPeds I authorize PawPeds to public violate about my cast and the results will be reflaced for the records of PawPeds I authorize PawPeds to public violate about my cast and the results will be reflaced for the records of PawPeds I authorize PawPeds to public violate about my cast and the results will be reflaced for the records of PawPeds I authorize PawPeds to public violate about my cast and the results will be reflaced for the records of PawPeds I authorize PawPeds to public violate the paw	Male Not altered	Email
Inform the examiner about my cats health status and if it is on medication. I am ware in that the results with be reliand for the records of PawPeds. Fauthorize Fauthorize PawPeds. Fauthorize PawPeds. Fauthorize PawPeds. Fauthorize Fauthorize PawPeds. Fauthorize Fauthorize PawPeds. Fauthorize Fauthorize PawPeds. Fauthorize F		roseanne.forslund@telia.com
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Dobroslav Chingi-Tura Signature Date	2012-09-29	
Examination		
Examination		Signature David Date
Examination		D () () 2018 11-13
Seadated Yes, with: No No Seamination Seaminat	Iznitsa Zaimka	porty accessing to
Yes, with: No Weight 1.5 kg BCS Auscultation: No No No No Weight 1.5 kg BCS Normal No	Examination	Examination date (year-montin-day)
Mommal Gallop Comments Com		
Yes, with: No No No No No No No N	Λ	MHUPS (X50
Auscultation: Gallop Murmur, characteristics Grade: II III V V V Dynamic Static Continuous Dehydrated Pregnant Location: Left apex (sternum) Left Base Other, describe Dury Dynamic Static Continuous Dynamic Dynamic Continuous Dynamic Continuous Dynamic		***
Weight 2,3 kg BCS		
Heart rate		П.,
Dehydrated Pregnant Timing: Systolic Diastolic Both Continuous		·
Dehydrated Pregnant Timing: Systolic Diastolic Both Continuous	Heart rate bpm Murmur, characteri	
Lactating Other, describe Location: Left apex (sternum) Left Base Other, describe		
Subjective left atrial size Normal Mild enlargement Moderate enlargement Mild enlargement Mild enlargement Moderate enlargement Moderate enlargement Mild enlargement Moderate enlargement Moderate Mild enlargement Moderate enlargement Moderate M		_
Normal	Litadiating Littler, describe Location. Litela	
Normal	FCG Heart Frequency	Subjective left atrial size
Moderate enlargement Severe Sever	14 0	
Severe enlargement Systolic anterior motion of the mitral valve yes Ino		
Assessment (based on phenotype) Systolic anterior motion of the mitral valve yes Ino ff yes, LV outflow tract flow velocity (Doppler) End-systolic cavity obliteration yes Ino ff yes, LV outflow tract flow velocity (Doppler) End-systolic cavity obliteration yes Ino papillary muscles Normal Abnormal, moderate enlargement Abnormal, severe enlargement Abnormal, severe enlargement Abnormal, severe enlargement Comments Comme	LVIDd	1 = -
M-mode 2-D M-mo	IVEWS 7.7	Severe enlargement
M-mode 2-D M-mode 2-D If yes, LV outflow tract flow velocity (Doppler) End-systolic cavity obliteration yes no Papillary muscles Normal Abnormal, moderate enlargement Abnormal, severe enlargement Abnormal, severe enlargement Abnormal, severe enlargement Abnormal Severe RCM Mild Moderate Severe RCM Other, describe PawPeds' examination instructions has been followed Cat's identity verified yes no, describe why not Note Not		Systolic anterior motion of the mitral valve yes in o
LVFWs		· ·
LVFWs C D M-mode 2-D Papillary muscles Normal Abnormal, moderate enlargement Abnormal, severe enlargement Abnormal, severe enlargement Abnormal, severe enlargement Abnormal, severe enlargement Comments	LVIDs 10.	
Ao	(a n	End-systolic cavity obliteration yes no
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M-mode 2-D Abnormal, moderate enlargement Abnormal, severe enlargement Abnormal, moderate enlargement	SF UT	<u> </u>
Assessment (based on phenotype) Normal Equivocal HCM Mild Moderate Severe Severe RCM Other, describe PawPeds' examination instructions has been followed Cat's identity verified yes no, describe why not LENNART NILSFORS Leg. veterinar Tin 0709-79 52 81	As (() 5	I 5
Assessment (based on phenotype) Normal Equivocal HCM Mild Moderate Severe RCM Other, describe PawPeds' examination instructions has been followed Cat's identity verified yes no, describe why not Veterinary's signature Date Date Date Tin 0709-79 66 84	11 6	I =
Assessment (based on phenotype) Normal Equivocal HCM Mild Moderate Severe RCM Other, describe PawPeds' examination instructions has been followed Cat's identity verified yes no, describe why not LENNART NILSFORS Leg. veterinar Tin 0709-79 88 84	LA (1) M -mode (2) 2-D	
Assessment (based on phenotype) Normal Equivocal HCM Mild Moderate Severe RCM Other, describe PawPeds' examination instructions has been followed Cat's identity verified yes no, describe why not LENNART NILSFORS Leg. veterinar Tin 0709-79 88 84	LA/Ao\ \	
Assessment (based on phenotype) Normal		
Normal	Assessment (based on phenotype)	Comments
HCM		
□ Other, describe PawPeds' examination instructions has been followed Cat's identity verified ☑ yes □ no, describe why not Veterinary's signature Date Date Tin 0709-79 88 81	<u> </u>	
Other, describe PawPeds' examination instructions has been followed Cat's identity verified yes no, describe why not Veterinary's signature Date The 0709-79 83 64		
PawPeds' examination instructions has been followed Cat's identity verified ☑ yes ☐ no, describe why not Veterinary's signature Date The 0709-79 53 84	L RCM	
Cat's identity verified yes no, describe why not Veterinary's signature Date Leg. veterinar Th. 0709-79 52 84	Other, describe	
Cat's identity verified yes no, describe why not Veterinary's signature Date Leg. veterinär Tin 0709-79 88 84	PawPeds' examination instructions has been followed	Veterinarian's name, clinic's name and address
Veterinary's signature Date Leg. veterinär Trn 0709-79 88 84	Cat's identity verified 🖾 yes 🔲 no, describe why not	LENNART NU SEORS
2018 Tin 0709-79 88 64	Votarinanda elevatura	
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For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden